

# Report on the Health Status of Older Adults

## Cochise County, Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases often occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Cochise County.

### *Population Characteristics*

Table 1 presents information about the characteristics of older adults living in Cochise County, as compared to Arizona and the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 15% of the total population in Cochise County is over the age of 65, compared to 13.0% for the state and 12.4% for the United States. For all regions, the proportion of females is higher than males within the 65 and older age group.

**TABLE 1: POPULATION ESTIMATES \* FOR 2001**

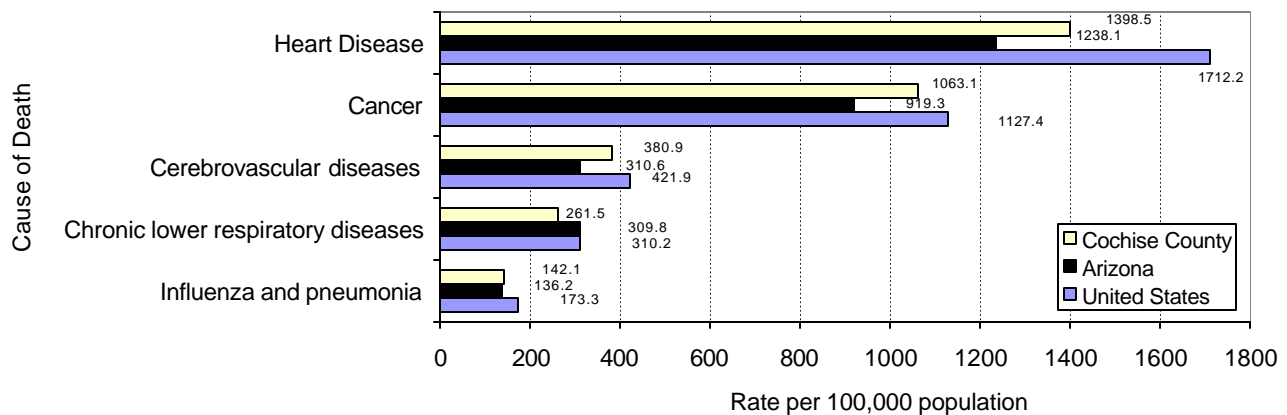
	Cochise County	Arizona	United States
Total Population	119,281	5,307,331	284,796,887
Age 65+ Population	17,590 (14.7%)	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+			
Male	8290 (47.1%)	306,535 (44.4%)	14,582,434 (41.2%)
Female	9300 (52.9%)	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+			
Caucasian, non-Hispanic	13,662 (77.7%)	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	3,281 (18.7%)	57,413 (8.3%)	1,754,381 (5.0%)
African American	193 (1.1%)	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	89 (0.5%)	14,360 (2.1%)	140,099 (0.4%)
Asian	215 (1.2%)	6,454 (1.0%)	810,399 (2.3%)
Other	141 (0.8%)	3,506 (0.5%)	254,130 (0.7%)

\*Estimates calculated based on the 2000 U.S. Census

### *Mortality and Hospitalizations*

The five leading causes of death among adults age 65 and older in Cochise County for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001; U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. With the exception of chronic lower respiratory diseases, Cochise County exceeded the state mortality rate in all categories, with the largest differences in heart disease and cancer. Lung cancer is the leading cause of cancer deaths both county and statewide; Cochise County again reported a higher death rate than the state, with 22% higher death rate during 2001.

**FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000**



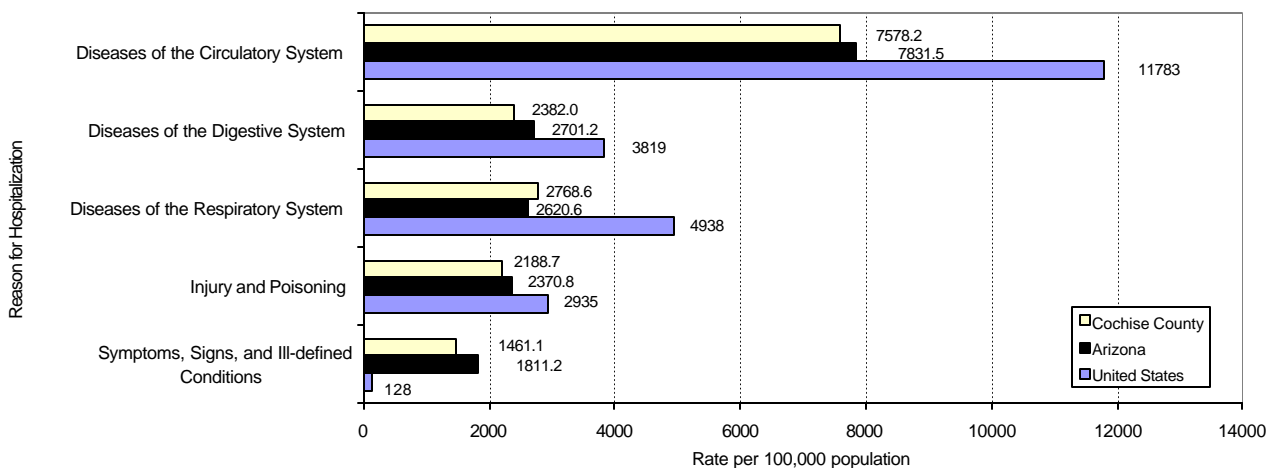
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Cochise County, Arizona, and the United States, based on primary ICD9 diagnosis codes. While county and state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001, U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

**FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000**



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

For all categories, the national hospitalization rate in 2000 was higher than the 2001 rates reported for both Cochise County and Arizona, with the exception of hospitalizations due to symptoms, signs, and ill-defined conditions, in which national rates were considerably lower than state and county reported hospitalization rates. Cochise County reported lower hospitalization rate than Arizona for all categories, with the exception of slightly higher rates due to diseases of the respiratory system. In considering diseases of the circulatory, digestive, and respiratory systems individually, the leading medical condition within each category resulting in hospitalization for older adults countywide was heart disease, gastrointestinal hemorrhage, and pneumonia, respectively. Within the injury and poisoning category, hip fractures were the most frequently diagnosed medical condition, and falls were reported as the main cause of injury. Chest pain was the leading cause of hospitalization among adult age 65 and older within the symptoms, signs, and ill-defined conditions category. The average length of stay in the hospital among older adults in Cochise County was 4.6 days, compared to 4.7 days for Arizona and 6.0 days nationally (year 2000 data). The average hospitalization charge for Cochise County seniors in 2001 was \$15,764, compared to \$21,289 for the state; national figures are not available. Cumulative data indicates that Cochise County seniors incurred total hospitalization costs equaling \$66,918,279 for the year 2001.

## ***Risk Factors***

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the county is not necessarily representative of the county population as a whole, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population in 2000.

**TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+**

	Cochise County	Arizona	United States
Number of respondents, ages 65+	36	624	34087
Gender			
Male	16 (44.4%)	245 (39.3%)	11913 (34.9%)
Female	20 (55.6%)	379 (60.7%)	22174 (65.1%)
Race/Ethnicity			
Caucasian, non-Hispanic	32 (88.9%)	566 (90.7%)	28915 (84.8%)
Hispanic	4 (11.1%)	45 (7.2%)	1977 (5.8%)
Black	0	5 (0.8%)	1764 (5.2%)
American Indian	0	5 (0.8%)	332 (1.0%)
Other	0	3 (0.5%)	1099 (3.2%)
Mean Age (Years)	72.8	73.8	74.0

Of the 36 older adults surveyed in Cochise County, 41.7% described their general health status as very good or excellent, as compared to 41.3% for the state and 35.4% for the United States. Five surveyed adults (13.9%) in the county described their general health as poor, a higher rate than those reported for the state and the United States, 8.8% and 9.6% respectively.

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, 52.8% of the surveyed older

adults in Cochise County are classified as overweight or obese by national health standards, yet only 27.8% of respondents reported current attempts at losing weight. Nearly three quarters of the respondents in Cochise County (72.3%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 36.1% reported being physically inactive. The remaining 63.9% of respondents reported participating in a physical activity, although only 30.6% of respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is less than the state and national reported figures of 35.9% and 37.3%, respectively. The most popular activities among older adults, as reported on the statewide 2000 BRFSS, are walking, gardening, golf, aerobics, and bicycling.

Also in 2000, 8.3% of surveyed adults in Cochise County reported that they are current daily smokers, a slightly higher incidence than reported for the state and the nation, 7.4% and 7.9%, respectively. Two of the three daily smokers (66.7%) reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year. This is considerably higher than the state and national rates of 41.3% and 40.9%, respectively, although the small sample size must be considered in evaluating this observation.

**TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER;  
BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**

	Cochise County	Arizona	United States
<b>Weight Group<sup>1</sup></b>			
Normal weight	38.9%	46.8%	42.5%
Overweight	36.1%	35.1%	36.7%
Obese	16.7%	17.0%	16.8%
Unknown	8.3%	1.1%	4.0%
<b>Daily Servings of Fruits and Vegetables</b>			
Less than once a day or never	5.6%	1.4%	3.3%
1 to less than 3 times per day	27.8%	16.8%	21.9%
3 to less than 5 times per day	38.9%	38.8%	43.3%
5 or more times per day	27.8%	42.9%	31.5%
<b>Activity level/exercise<sup>2</sup></b>			
Physically inactive	36.1%	37.5%	37.0%
Less than recommended activity	33.3%	26.6%	25.7%
Meets recommended activity level	30.6%	35.9%	37.3%
<b>Smoking status</b>			
Current smoker, smoke everyday	8.3%	7.4%	7.9%
Current smoker, smoke some days	2.8%	1.9%	2.1%
Former smoker	44.4%	41.3%	37.4%
Never smoked	44.4%	48.7%	52.1%
Don't know/refused question	0.0%	0.6%	0.5%

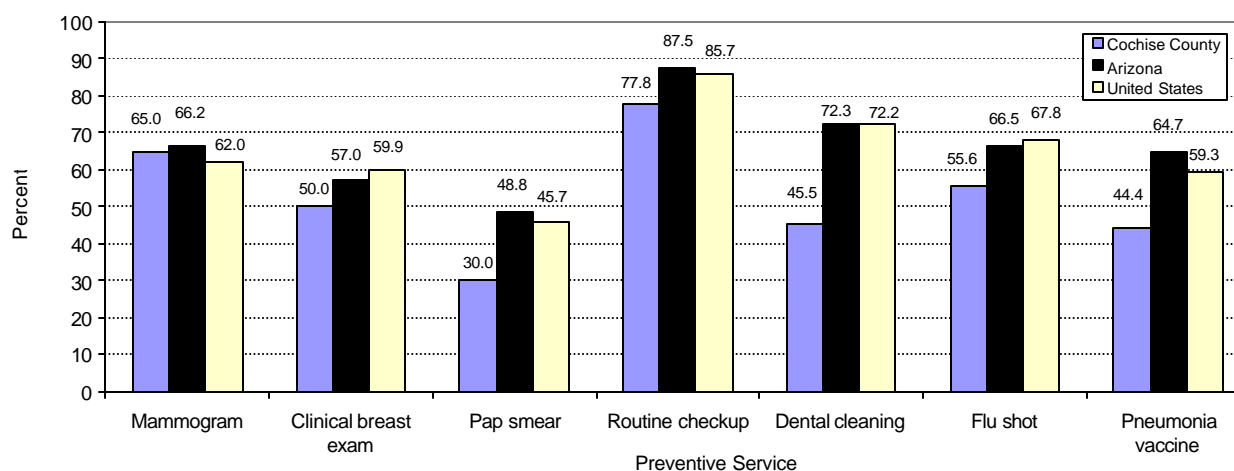
<sup>1</sup>Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

<sup>2</sup>Recommended activity is exercise 3 or more days per week for 20 minutes or more

## Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percentage for pneumococcal vaccine is reported for individuals receiving the vaccine at any point in their life.

**FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**



For all categories, excluding mammograms, older adults in Cochise County reported lower rates of preventive services use than state and national respondents, with the largest difference in oral health, in which approximately 27% fewer county residents reported having a dental cleaning in the past year than state and national respondents. Among all survey respondents, obtaining a yearly medical checkup was the highest reported use of a preventive service, with a rate of almost 78% among Cochise County respondents, compared to 87.5% and 85.7% for Arizona and the United States, respectively. Although influenza/pneumonia was the fifth leading cause of death in Cochise County during 2001, less than half of county respondents reported having a pneumococcal vaccine during their lifetimes, and only approximately 56% of respondents reporting having a flu shot during the past year.

In the category of women's health, female respondents in Cochise County reported a similar rate as Arizona for obtaining a mammogram in the past year; approximately two-thirds of county and state respondents reported having a yearly mammogram, compared to 62% nationally. Half of county female respondents reported having a yearly breast exam performed by a health professional, compared to 57.0% statewide and 59.9% nationally. Yearly Pap smears were obtained by less than one-third of all county respondents (30.0%), compared to 48.8% statewide and 45.7% nationally.

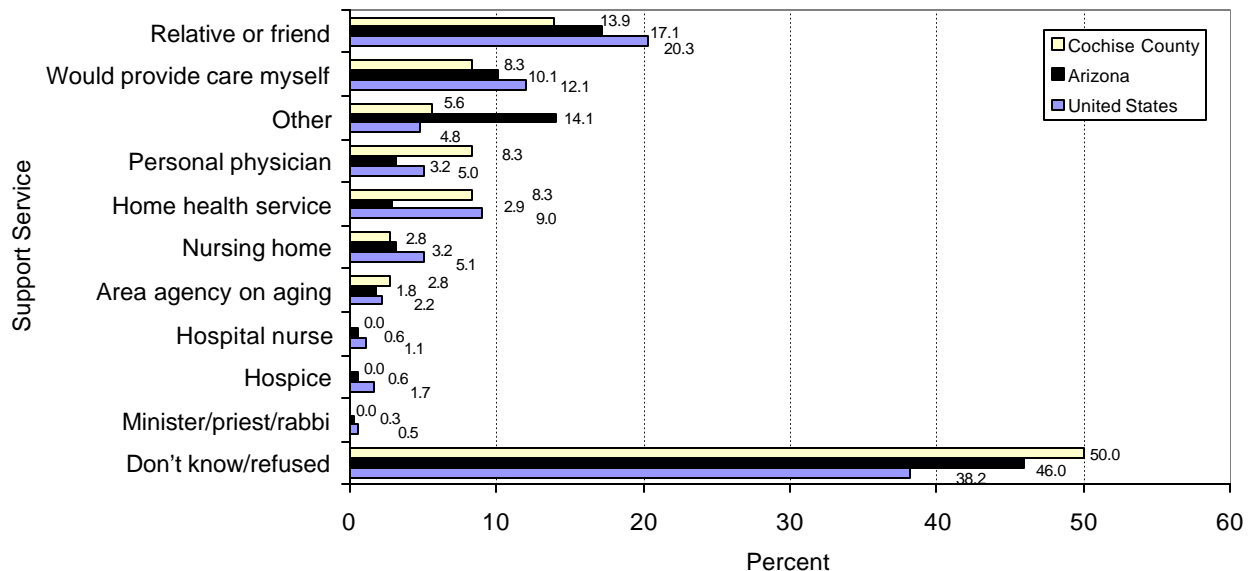
## Mental Health and Support Services

According to BRFSS 2000 data, older respondents in Cochise County reported an average of 1.1 days during the past month when their mental health was “not good”, in comparison to 1.7 days reported for Arizona and 2.1 days reported nationally. When questioned about more specific indicators of mental health status, for example feeling depressed, anxious, or not well-rested, 25% of older respondents in Cochise County reported having at least 14 days of poor emotional health within the past month, compared to 23.7% of state and 22.3% of national respondents. While BRFSS data are by no means a clinical diagnosis of mental condition, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs, excluding treatment provided by private agencies or personal physicians, and the data do not refer to the BRFSS population specifically, it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, approximately half of county and state respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, less than 23% of the older respondents in Cochise County thought of these services as a resource for needed care.

**FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES ; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**



BRFSS 2000: “Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?”

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). Fourteen individuals responded to these questions in Cochise County. Of those, all respondents indicated that they did not need help with personal care needs. Eight individuals responded that they needed assistance with routine tasks; 2 respondents reported help from immediate family members, 3 respondents received help from friends or neighbors, and the remaining 3 individuals utilized a paid employee or home health service for assistance with routine needs. Statewide and nationally, public services were more frequently mentioned responses. In both regions, use of a paid employee or home health agency was the most often cited public service utilized for both personal care and routine needs.

### ***Healthy Aging 2010***

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Cochise County. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

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